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June 21, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Ankle Arthroscopy, Open Reduction Internal Fixation Left Ankle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a Board Certified Orthopedic Surgeon with over 18 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XX/XX/XX: X-Ray Left Ankle interpreted. **Impression:** Suspected acute hairline fracture of the distal region of the fibula with moderate soft tissue swelling. Short-term follow-up recommended. There is a 7mm ossicle anterior to the tiblotalar joint on the lateral view which is consistent with a chip fracture, most likely a chronic lesion. Clinical correlation advised.

XX/XX/XX: Office Visit. **HPI:** Patient is returning for a recheck of injuries: Left ankle injury. Her X-ray was interpreted as having a possible hairline fracture at the left distal fibula so she is here for a repeat left ankle X-Ray. Complaint of ankle pain. Symptoms are improving. Symptoms are located in the left lateral ankle. They symptoms occur frequently. He describes his pain as dull in nature. The severity of the pain is moderate in severity. Associated symptoms include tenderness, swelling and bruising. **Physical Exam:** Musculoskeletal: ecchymosis (lateral) and swelling laterally. Tenderness: lateral malleolus. ROM: Deferred. Skin: Mild ecchymosis is seen at the left lateral ankle. Intact to light touch. Gait evaluation demonstrated non-weight bearing on the left. **Assessment:** 1. Sprain of ligament of left ankle. 2. Closed left fibular fracture. **Plan:** 1. Orthopedic Specialist Referral physician referral. 2. Lace-up ankle brace; requested. 3. X-Ray, left ankle; complete, minimum of 3 views, requested.

XX/XX/XX: Office Visit. **HPI:** The patient is a female who injured her left ankle on the job when she fell. She was initially told that she had a sprain, but then was diagnosed with a fracture. She was placed into a brace and was told to be non-weight bearing with crutches. She is taking tramadol and naproxen for pain. She rates her pain at 5/10. She has never injured this ankle before. She is currently not working. **Physical Examination:** The patient is afebrile. Vital signs are stable. She is non-weight bearing on her left lower extremity. There is diffuse swelling

around the ankle. The skin is intact. There is tenderness at the distal fibula. There is minimal tenderness at the medial aspect of the ankle. The Achilles tendon is intact. The peroneal tendons are stable. She can minimally dorsiflex and plantar flex the ankle and toes with pain. Light touch is intact with good distal pulses. **Plan:** I went over the findings at length with the patient with the use of an interpreter. She will be placed into a boot. She will continue with pain medication as needed. She will be placed on some work restrictions. She will follow up in my office tomorrow for stress radiographs of the ankle. We will talk further about her treatment plan after the radiographs are performed and reviewed.

XX/XX/XX: Office Visit. **Impression & Recommendations:** Problem #1: Displaced bimalleolar fracture of the left ankle, initial encounter for closed fracture. Assessment: New. I recommend surgical stabilization for this unstable injury pattern. I also recommend an arthroscopic examination for intra-articular injury and for debridement. Problem #2: Sprain of deltoid ligament of left ankle, initial encounter. Assessment: New. Medications added to medication list this visit: 1. Naproxen tabs 2. Tramadol Hcl tabs.

XX/XX/XX: UR. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were no documented findings suggestive of a grade 3 injury (complete rupture of the ligament), osteochondral fragment, medial incompetence, or positive anterior drawer test to warrant a ligament repair.

XX/XX/XX: UR. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The patient had objective findings of ankle fracture which was corroborated with an X-ray on XX/XX/XX which revealed displaced distal fibula fracture, a small fracture fragment at the anterior aspect of the distal tibia, and a medial clear space widening with the gravity stress view. Open reduction internal fixation (ORIF) is recommended as an option for fractures due to the radiographic evidence which indicates a displaced fracture. There was no rationalization for possible deltoid repair.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for open reduction internal fixation of the left ankle is approved. Ankle arthroscopy is denied. This patient sustained a left ankle distal fibular fracture. She has diffuse ankle swelling, with some tenderness on the medial side. She has medial clear space widening on the gravity stress AP view. The medial clear space widening points toward a ligamentous supination external rotation IV (SEIV) fracture pattern, in the Lauge-Hansen classification system. The standard treatment of this fracture pattern is open reduction internal fixation of the fibula. Arthroscopy of the ankle is useful for the treatment of intra-articular injuries. There is no indication that this patient has an intra-articular injury. Ankle arthroscopy is not routinely used in the acute treatment of SEIV fractures. Surgical repair of the fibula fracture is medically necessary. Ankle arthroscopy is not required for this patient.

Per ODG:

Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009)

There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except

for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**